

Racial and Ethnic Health Disparities: Is the Gap Decreasing?

Antionette Holt, MPH
ISDH Epidemiology Resource Center

Indiana is rapidly becoming more diverse in its population. This increase is seen in different languages and cultures – in both cities and rural areas. Increasing diversity will create new challenges to the state's ability to care for the health and welfare of its residents. Using the Census 2000 race reporting categories the percentage distributions of racial and ethnic populations in Indiana are:

Percentage	Race/ Ethnicity-
0.30%	American Indian or Alaska Native
1.00%	Asian
0.01%	Native Hawaiian or Pacific Islander
8.40%	African American or Black
3.50%	Hispanic or Latino
87.50%	Caucasian or White

Source: U.S. Census Data, 2000

According to the Indiana Minority Health Plan, the “health care services, treatment outcomes, and health status have improved for the general population, but they have not improved equally or proportionately for all racial and ethnic populations. Inequalities in care, outcomes, and health status contribute to and perpetuate the existence and widening of disparities in morbidity and mortality among Indiana’s American Indian or Alaska Native, Asian, Black or African American, and Hispanic or Latino populations. The health of racial and ethnic minority populations living and working in Indiana is reflective of the health of the state, and the state cannot be healthy in the absence of a healthy minority constituency.”

Race and ethnicity not only reflect populations within a geographic region, but influence peoples’ experiences and their responses to them. This article will examine race and ethnicity in relation to health disparities. Is the gap between health issues among Whites and other racial ethnic minorities closing or continuing to enlarge?

Challenges

Years of potential life lost (YPLL) are a measurement for premature mortality. YPLL is very helpful in evaluating populations at highest risk for disease and thus help local, state, and federal government in planning for health interventions. According to the United Health Foundation State Health Rankings for 2002, Indiana ranks as the 22nd state in terms of overall healthiness. However, in terms of racial and ethnic disparities, Indiana ranks 40th in YPLL, with Blacks or African Americans suffering 15,120 potential years lost per 100,000 population before age 75 – a potential loss of productive life that is twice as great in the Indiana Black or African American population as it is in the Indiana White population.

In the 2001 mortality report, there are also great differences seen between the White and other racial and ethnic minority populations in relation to certain diseases. For example, the state total age-adjusted death rate for heart disease overall was 261.7 per 100,000 population. Among Whites, the rate was 260.12, whereas for Blacks it was 322.41 per 100,000 population.

There is still a need for accurate data to assess progress in achieving goals that the Indiana State Department of Health (ISDH) has established toward eliminating racial and ethnic disparities. When looking at health statistics for racial and ethnic minorities, there are a few limitations that Indiana faces in relation to data collections. Two of these include:

➤ **Consistent Reporting**

Everyone does not report race or ethnicity using data collection tools. This creates inconsistencies, which in turn widen gaps in data reporting.

➤ **Reporting Primary Language**

Because the United States and Indiana racial and ethnic populations are growing, English is not the primary language for many people. These individuals depend on family and others in their communities to translate or teach them basic phrases in order to survive daily living. If the primary language is reported, then ISDH and other entities can become more efficient in delivering efficient and better quality of health care by becoming more culturally competent.

Making Strides

The previous limitations are just a few that ISDH faces when eliminating health disparities. However, there are several things that federal, state, and local governments are doing in order to eliminate health disparities:

The Department of Health and Human Services (DHHS) has started an educational campaign designed to make the quality of health an important issue within racial and ethnic minority populations affected by serious diseases and health conditions at higher rates than their White counterparts. The goal of “Take Your Loved One to the Doctor” day encourages individuals to take charge of their health by visiting a health professional, making an appointment for a visit, attending a health event in the community or helping a family member or friend do the same. DHHS and its partners also encourage communities around the country to organize health events on this day. Indiana is participating in this campaign as well. State health officials asked Hoosier residents to “take a loved one to the doctor” on September 16, 2003. The Office of Minority Health also sponsored two events in Indianapolis, a chronic disease presentation, and a “Shower Your Baby with Love, Baby Shower” on September 16, 2003.

In April 2003, the minority health advisory committee, appointed by ISDH, produced a proposal plan called “Healthy Indiana –A Minority Health Plan for the State of Indiana”. Four strategic goals capture the primary purpose for proposing, developing, and implementing a minority-specific health plan for the state of Indiana:

- Prepare evidence-based documentation of racial and ethnic health disparities in Indiana;
- Develop a plan of interventional strategies designed to eliminate racial and ethnic health disparities in Indiana;
- Identify and solidify effective public/private, community-based partnerships to help develop, implement, evaluate, and assess outcomes of the proposed interventional strategies; and

- Eliminate disparities in health based on race or ethnicity among Indiana residents such that the “gap effect” for any focus area is less than five percent.

After review of disparities in health and reviewing a few present problems facing data collection efforts, there is a need to change the present health condition of racial and ethnic minorities. Through the continued efforts of ISDH and other entities, we can close the gap of racial and ethnic health disparities and make sure that every resident of Indiana has an equal chance to a healthier and prolonged life.
